

ARTICLE 45-05

PROPERTY AND CASUALTY INSURANCE

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CHAPTER 45-05-01

SELF-INSURANCE USED AS SECURITY REQUIRED BY THE NORTH DAKOTA AUTO ACCIDENT REPARATIONS ACT

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45-05-01-01. Definitions. As used in this chapter:

1. "Certificate of self-insurance" means the certificate issued by the commissioner authorizing a person to be a self-insurer.
2. "Commissioner" means the insurance commissioner of North Dakota.
3. "Person" or "persons" means any individual, partnership, corporation, or other legal entity who are owners of one or more motor vehicles operated in North Dakota by them or with their permission.
4. "Security requirement" means the financial ability of a person to make payment of basic no-fault benefits of thirty thousand dollars per person per accident; motor vehicle liability insurance of twenty-five thousand dollars per person, fifty thousand dollars per accident, and twenty-five thousand dollars property damage; and uninsured motorist protection of twenty-five thousand dollars per person and fifty thousand dollars per accident.

5. "Self-insurance" means any person who establishes a self-administered plan to meet the security requirements as required by North Dakota Century Code chapter 26.1-41, the North Dakota Auto Accident Reparations Act.
6. "Self-insurer" means a person who has an approved plan of self-insurance and holds a certificate of self-insurance.
7. "Undertaking" means a continuing agreement by any person, or persons, or their duly authorized officers and agents, to pay basic no-fault benefits and the liabilities covered by motor vehicle liability insurance and to perform all other obligations imposed by North Dakota Century Code chapter 26.1-41.

History: Amended effective January 1, 1987.

General Authority: NDCC 26.1-41-05(3)

Law Implemented: NDCC 26.1-41-01

45-05-01-02. Self-insurers - Restrictions. Only persons in whose name one or more motor vehicles are registered may qualify as self-insurers. Such persons must file satisfactory evidence that they are possessed and will be continued to be possessed of the ability to provide for the prompt and efficient administration of all claims, benefits, and obligations provided by North Dakota Century Code chapter 26.1-41 and that reliable financial arrangements, deposits, or commitments exist to meet their security requirement as required by North Dakota Century Code chapter 26.1-41 substantially equivalent to those afforded by a policy of insurance that would comply with that chapter.

General Authority: NDCC 26.1-41-05(3)

Law Implemented: NDCC 26.1-41-02(2)

45-05-01-03. Evidence to be submitted by persons to obtain a certificate of self-insurance. The commissioner will not issue a certificate of self-insurance until the person attempting to qualify as a self-insurer shall have filed all of the following with the commissioner:

1. A completed application for a certificate of self-insurance (Appendix I).
2. An executed undertaking signed and sworn to by either the person or its president or secretary or other similar officers (Appendix II).

General Authority: NDCC 26.1-41-05(3)

Law Implemented: NDCC 26.1-41-02(2)

45-05-01-04. Issuance of certificate of self-insurance. If a person files sufficient evidence to satisfy the commissioner that the person is qualified to be a self-insurer under North Dakota Century Code chapter 26.1-41, the commissioner will issue a certificate of self-insurance to that person. The certificate of self-insurance shall authorize any person to be a self-insurer under

North Dakota Century Code chapter 26.1-41 until that certificate is canceled by the commissioner, or the commissioner's successors in office.

General Authority: NDCC 26.1-41-05(3)

Law Implemented: NDCC 26.1-41-02(2)

45-05-01-05. Requirement of deposit. The commissioner may require persons seeking to qualify as self-insurers, or persons qualified as self-insurers in order to maintain their certificate of self-insurance, to make and maintain such deposits or bond as the commissioner may require to assure that those persons will meet their security requirements and all other obligations imposed by North Dakota Century Code chapter 26.1-41.

General Authority: NDCC 26.1-41-05(3)

Law Implemented: NDCC 26.1-41-02(2)

45-05-01-06. Filing of annual statement. As a condition to the continuance of a certificate of self-insurance, every self-insurer shall transmit to the commissioner, not later than the first day of March in each year, a copy of its last annual statement showing consolidated report and profit and loss statement as certified by a certified public accountant or a reputable firm of public accountants. Any self-insurer who fails to comply with this provision will have its certificate of self-insurance canceled.

General Authority: NDCC 26.1-41-05(3)

Law Implemented: NDCC 26.1-41-02(2)

APPENDIX I
(Article 45-05)

Insurance Commissioner
600 East Boulevard Avenue, Dept. 401
Bismarck, ND 58505

Date Application Received

APPLICATION FOR CERTIFICATE OF SELF-INSURANCE

The undersigned, herein referred to as the applicant, being the owner of one or more motor vehicles, hereby makes application for a certificate of self-insurance. In connection with such application the applicant makes the following declarations, for the purpose of enabling the insurance commissioner to make a finding as to whether the applicant possesses the ability to handle and process claims and make payments of basic no-fault benefits and the liabilities covered by motor vehicle liability insurance as required by a self-insurer under North Dakota Century Code chapter 26.1-41, the North Dakota Auto Accident Reparations Act.

The applicant hereby agrees that if this application be approved, such approval shall be subject to making and maintaining with the commissioner such deposits or bonds as the commissioner may require.

It is further agreed and understood that the commissioner may cancel at any time the applicant's certificate of self-insurance.

Name of Applicant _____ Nature of Business _____
FEIN # _____
Address (Principal Office) _____

1. Are you now operating as a self-insurer? _____
If so, how long? _____

2. Have you a claim department for investigating and adjusting claims?

If not, how are claims investigated and adjusted? _____

3. Have you set up a reserve fund for accident claims? _____
If so, (a) Under what caption does it appear on your financial statement?

and (b) What basis is used for determining reserve requirements?

If not, how do you determine your outstanding liability?

4. Give the following information concerning accidents in which your vehicles were involved during the past three years.

Accident Years

20____ 20____ 20____

A. Number of accidents:

Personal injury

Property damage

Total

B. Number of claims:

PERSONAL INJURY

Settled by payment

Settled without payment

Open and pending

Total

PROPERTY DAMAGE

Settled by payment

Settled without payment

Open and pending

Total

Number of accidents for which no
claims were made

C. Payments on claims:

Personal injury

Property damage

Total

D. Reserves for pending claims:

Personal injury

Property damage

Total

5. Are any automobile liability judgments open and unsatisfied? _____

If so, how many? _____ Total amount involved \$ _____

Are any other judgments open and unsatisfied? _____

If so, how many? _____ Total amount involved \$ _____

6. Is your company a self-insurer under any other phase of your business?

If so, give particulars _____

7. Describe motor vehicles owned by applicant (in North Dakota) under the following headings:

Year of Manufacture	Make Vehicle	Type	Model	License Number

SELF-INSURANCE USED AS SECURITY

☐ An Individual
☐ A Copartnership
☐ A Corporation

FINANCIAL STATEMENT

Submitted by _____

With principal offices at _____

Condition at close of business _____, 20____

ASSETS

		Dollars	Cents
(1) Cash	(a) On hand	\$	_____
	(b) In banks	\$	_____
(2) Accounts receivable	(a) Current	\$	_____
	(b) Slow	\$	_____
	(c) Past due	\$	_____
(3) Notes receivable	(a) Due within 30 days	\$	_____
	(b) Due after 90 days	\$	_____
	(c) Past due	\$	_____
(4) Inventories	(a) Finished goods	\$	_____
	(b) Work in process	\$	_____
	(c) Other	\$	_____
(5) Other current assets (attach list)		\$	_____
(6) Fixed assets	Land	\$	_____
	Buildings		
	Less reserves	\$	_____
	Equipment		
	Less reserves	\$	_____
	Other		
	Less reserves	\$	_____

	Total	\$ _____
(7) Other assets (attach list)		\$ _____
	Total Assets	\$ _____

LIABILITIES

(1) Accounts payable trade	(a) Not past due	\$ _____
	(b) Past due	\$ _____
(2) Notes payable trade	(a) To banks	\$ _____
	(b) To others	\$ _____
(3) Accounts payable others (attach list)		\$ _____
(4) Notes payable others (attach list)		\$ _____
(5) Other liabilities (attach list)		\$ _____
(6) Other reserves (attach list)		\$ _____
	Total liabilities	\$ _____

NET WORTH

(7) Capital stock paid in	(a) Common	\$ _____
	(b) Preferred	\$ _____
(8) If individual (or other), amount of investment		\$ _____
(9) Surplus, earned \$ _____ (Paid in or other)		\$ _____
	Total net worth	\$ _____
	Total liabilities and net worth	\$ _____

A. Contingent liabilities

- (1) Liability on notes discounted, or sold, accounts pledged or sold, or as guarantor on contracts or other contingent liabilities.

Total contingent liabilities (attach schedule)

\$ _____

In lieu of filling in the financial statement above, applicants may attach a copy of their last annual statement showing consolidated report and profit and loss statement as certified by certified public accountant or a reputable firm of public accountants. Said statement to be a part of this application.

Give following additional information:

A. Names and addresses of banks in which company has accounts.

B. Insurance on:

Inventories _____

Plants _____

C. Attach statement of profit and loss to date of balance sheet.

D. When and where incorporated or established _____

E. Are any assets pledged to secure notes, loans or mortgages payable?

F. If you have any notes or accounts receivable or payable from or to officers or stockholders, give details concerning method and terms of payment.

G. List names of officers or partners of company.

H. If foreign entity, or nonresident individual, list agent for service of process.

Witness our hands and seals this _____ day of _____, 20____, at _____.

STATE OF _____ SS.

COUNTY OF _____

(Official Title) _____

(Official Title) _____

Before me, _____, a notary public in and for said county and state, personally appeared _____, respectively of the above-named (corporation), (partnership), or (proprietorship), and severally acknowledged the execution of the foregoing and swore to the contents thereof this _____ day of _____, 20____.

Notary Public

My commission expires _____.

FOR DEPARTMENT USE ONLY

Financial ability approved _____ Date _____

Chief Examiner

Application approved _____ Date _____

Insurance Commissioner

APPENDIX II
(Article 45-05)

UNDERTAKING

The undersigned, pursuant to North Dakota Century Code chapter 26.1-41, the North Dakota Auto Accident Reparations Act, being the owner of one or more motor vehicles as a condition to the issuance of a certificate of self-insurance, hereby executes this undertaking and agrees as follows:

1. The undersigned will respond in the payment of the minimum security requirements as provided under North Dakota Century Code chapter 26.1-41.
2. The undersigned will promptly and efficiently administer all claims made by injured persons, or their successors, and make payment of no-fault benefits to them resulting from accidental bodily injuries sustained in motor vehicles owned by the undersigned.
3. The undersigned agrees and understands that North Dakota Century Code chapter 26.1-41 imposes an absolute liability at law for payment of basic no-fault benefits as a result of being the owner of motor vehicles.
4. The undersigned agrees that the undersigned and any other person occupying the undersigned's motor vehicle or motor vehicles with the expressed or implied permission of the undersigned shall be insured against loss from the liability imposed by law for damages arising out of the operation of such motor vehicles within the United States of America, its territories or possessions, or Canada, with respect to each such motor vehicle as follows: twenty-five thousand dollars because of bodily injury to or death of one person in any one accident and subject to said limit for one person, fifty thousand dollars because of bodily injury to or death of two or more persons in any one accident, and ten thousand dollars because of injuries to or destruction of property of others in any one accident; and coverage for the protection of such persons who are legally entitled to recover damages from owners or operators of uninsured motor vehicles and hit and run motor vehicles because of bodily injury, sickness or disease, including death, resulting therefrom, in the amount of twenty-five thousand dollars because of bodily injury to or death of one person in any one accident and subject to said limit for one person, fifty thousand dollars because of bodily injury to or death of two or more persons in any one accident.
5. The undersigned will promptly and efficiently administer and make a good-faith disposal of all no-fault benefits, liability, and uninsured motorist claims.

6. The undersigned will perform all other obligations not specifically mentioned herein imposed on a basic no-fault insurer by North Dakota Century Code chapter 26.1-41.
7. That any breach of this undertaking, or of the conditions imposed by North Dakota Century Code chapter 26.1-41, will result in the cancellation of the undersigned's certificate of self-insurance.
8. This undertaking shall bind not only the undersigned, but the undersigned's successors, survivors, assigns, and legal representatives.

Witness our hands and seals this _____ day of _____, 20____, at _____.

(Official Title)

(Official Title)

STATE OF _____

SS.

COUNTY OF _____

Before me, _____, a notary public in and for said county and state, personally appeared _____, respectively, of the above-named (corporation), (partnership), or (proprietorship), and severally acknowledged the execution of the foregoing and swore to the contents thereof this _____ day of _____, 20____.

Notary Public

My commission expires _____.

FOR DEPARTMENT USE ONLY

Undertaking approved _____ Date _____

Chief Examiner

Undertaking approved _____ Date _____

Insurance Commissioner

History: Amended effective October 1, 1984.